

QUARTERLY STATEMENT

As of September 30, 2019 of the Condition and Affairs of the

APPALACHIAN INSURANCE COMPANY

NAIC Group Code.....0065, 0065

(Current Period) (Prior Period)

NAIC Company Code..... 10316

Employer's ID Number.... 05-0284861

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile U

Incorporated/Organized..... April 14, 1941

Commenced Business..... January 1, 1942

Statutory Home Office

270 Central Avenue .. Johnston .. RI .. US .. 02919-4949 (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

270 Central Avenue .. Johnston .. RI .. US .. 02919-4949 (Street and Number) (City or Town, State, Country and Zip Code)

401-275-3000 (Area Code) (Telephone Number)

Mail Address

P.O. Box 7500 .. Johnston .. RI .. US .. 02919-0750 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

404 275 2000

Primary Location of Books and Records

270 Central Aven (Street and Number)

270 Central Avenue .. Johnston .. Rl .. US .. 02919-4949

401-275-3000

Internet Web Site Address

www.fmglobal.com

(City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Statutory Statement Contact

Michael Gariglio

401-415-1892

(Name)

michael.gariglio@fmglobal.com

(E-Mail Address)

(Area Code) (Telephone Number) (Extension) 401-946-8306

(Fax Number)

OFFICERS

Name
1. Thomas Alan Lawson

3. Rachel Cope

TitleChairman & Chief Executive Officer
Vice President & Controller

Name
2. Jonathan Irving Mishara
4. Denise Anastasia Hebert

TitleSenior Vice President & Secretary
Vice President & Treasurer

OTHER

Bret Nils Ahnell Malcolm Craig Roberts Sanjay Chawla Deanna Ruth Fidler Executive Vice President Executive Vice President Senior Vice President Senior Vice President

Kevin Scott Ingram Christopher Johnson Michael Robert Turner Executive Vice President Executive Vice President Executive Vice President

DIRECTORS OR TRUSTEES

Frank Thomas Connor Gracia Catherine Martore Michel Giannuzzi Daniel Lee Knotts Christine Mary McCarthy Glenn Rodney Landau Thomas Alan Lawson Stuart Blain Parker David Thomas Walton John Anderson Luke Jr Israel Ruiz

State of...... Rhode Island County of.... Providence

The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Thomas Alan Lawson	Jonathan Irving Mishara	Rachel Cope
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Chairman & Chief Executive Officer	Senior Vice President & Secretary	Vice President & Controller
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This 8th day of November 2019	b. If no: 1. State the amendment number	
John A. Soares III Notary Public	2. Date filed	
Expires July 5, 2021	Number of pages attached	

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **ASSETS**

Assets	4
Secretary Assets	•
Bords	December 31 Prior Year Net
2. Stocks: 2.1 Preferred stocks. 2.2 Common stocks. 3. Mortgage loans on real estate: 3.1 First tiers. 3.2 Other than first lares. 4.1 Proporties occupied by the company (less S	Admitted Assets
2. Stocks: 2.1 Preferred stocks	206,697,728
2.1 Preferred stocks	
2 Common aboda.	2 500 000
Mortgage borns on real estate:	2,500,000
3.1 First liens	
3 2 Other than first liens	
4. Real estate: 4.1 Properties occupied by the company (less 8	
### 4.1 Properties occupied by the company (less \$ 0 encombrances)	
encumbranose)	
encumbrances)	
encumbrances)	
encumbrances)	
Cash (s13,543,528), cash equivalents (s37,037,646) and short-term investments (s0). 50,581,176	
5	
and short-term investments (\$	
6. Contract loans (including \$	53 920 949
7. Derivatives	
3. Other invested assets	
10. Securities for securities	
10. Securities lending reinvested collateral assets	
11. Aggregate write-ins for invested assets (Lines 1 to 11)	
11. Aggregate write-ins for invested assets.	3,658,170
12 Subtotals, cash and invested assets (Lines 1 to 11)	
13. Title plants less \$	
14. Investment income due and accrued	
15. Premiums and considerations: 15.1 Uncollected premiums, agents' balances in the course of collection	
15.1 Uncollected premiums and agents' balances in the course of collection	1,303,275
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	
and not yet due (including \$0 earned but unbilled premiums)	18,153,849
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$0).	
redetermination (\$	
16. Reinsurance: 304,244 304,244 304,244 16.2 Funds held by or deposited with reinsured companies 0 0 16.3 Other amounts receivable under reinsurance contracts 0 0 17. Amounts receivable relating to uninsured plans 0 0 18.1 Current federal and foreign income tax recoverable and interest thereon 1,598,804 1,598,804 18.2 Net deferred tax asset 308,000 228,000 80,000 19. Guaranty funds receivable or on deposit 0 0 20. Electronic data processing equipment and software 0 0 21. Furniture and equipment, including health care delivery assets (\$0) 0 0 22. Net adjustment in assets and liabilities due to foreign exchange rates 0 0 23. Receivables from parent, subsidiaries and affiliates 0 0 24. Health care (\$0) and other amounts receivable 0 0 25. Aggregate write-ins for other than invested assets 14,864 0 14,864 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25) 285,942,016 228,000 285,714,016 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	
16.1 Amounts recoverable from reinsurers .304,244 .304,244 16.2 Funds held by or deposited with reinsured companies	
16.2 Funds held by or deposited with reinsured companies. .0 16.3 Other amounts receivable under reinsurance contracts. .0 17. Amounts receivable relating to uninsured plans. .0 18.1 Current federal and foreign income tax recoverable and interest thereon. .1,598,804 .1,598,804 18.2 Net deferred tax asset. .308,000 .228,000 .80,000 19. Guaranty funds receivable or on deposit. .0 .0 20. Electronic data processing equipment and software. .0 .0 21. Furniture and equipment, including health care delivery assets (\$	
16.3 Other amounts receivable under reinsurance contracts.	600,457
16.3 Other amounts receivable under reinsurance contracts.	
17. Amounts receivable relating to uninsured plans.	
18.1 Current federal and foreign income tax recoverable and interest thereon. 1,598,804 1,598,804 18.2 Net deferred tax asset. 308,000 228,000 80,000 19. Guaranty funds receivable or on deposit. 0 0 20. Electronic data processing equipment and software. 0 0 21. Furniture and equipment, including health care delivery assets (\$0). 0 22. Net adjustment in assets and liabilities due to foreign exchange rates. 0 23. Receivables from parent, subsidiaries and affiliates. 0 24. Health care (\$0) and other amounts receivable. 0 25. Aggregate write-ins for other than invested assets. 14,864 0 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 285,942,016 228,000 285,714,016 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 285,942,016 228,000 285,714,016 28. Total (Lines 26 and 27). 285,942,016 228,000 285,714,016	
18.2 Net deferred tax asset. .308,000 .228,000 .80,000 19. Guaranty funds receivable or on deposit. .0 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets (\$ 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care (\$ 25. Aggregate write-ins for other than invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). <td></td>	
19. Guaranty funds receivable or on deposit	4,530,289
20. Electronic data processing equipment and software	79,000
21. Furniture and equipment, including health care delivery assets (\$0)	
21. Furniture and equipment, including health care delivery assets (\$0)	
22. Net adjustment in assets and liabilities due to foreign exchange rates	
23. Receivables from parent, subsidiaries and affiliates.	
24. Health care (\$0) and other amounts receivable	
25. Aggregate write-ins for other than invested assets. 14,864 0 14,864 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 285,942,016 228,000 285,714,016 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. </td <td></td>	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	
Cell Accounts (Lines 12 through 25)	C
Cell Accounts (Lines 12 through 25)	
28. Total (Lines 26 and 27)	292,555,978
DETAIL 6 OF MIDITE ING	-,-30,010
DETAILS OF WRITE-INS	
1102	
1103	
1198. Summary of remaining write-ins for Line 11 from overflow page	(
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	
2501. Cash clearing accounts	
2598. Summary of remaining write-ins for Line 25 from overflow page	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY LIABILITIES, SURPLUS AND OTHER FUNDS

	,	1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$0)		
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses.		8,289,103
4.	Commissions payable, contingent commissions and other similar charges		, ,
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties.		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)	·	
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
	Drafts outstanding		
18.	•		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		3,658,170
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities	2,779	120
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	87,132,072	105,180,379
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	87,132,072	105,180,379
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	3,525,000	3,525,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes.		
34.	Gross paid in and contributed surplus	7,577,528	7,577,528
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		,,
00.	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
27			
37. 38.	Surplus as regards policyholders (Lines 29 to 35, less 36)		
30.	Totals (Page 2, Line 28, Col. 3) DETAILS OF WRITE-INS	205,714,010	292,555,976
2501.	Miscellaneous Accounts Payable	2.779	120
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)		
2901.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0
3201.			
3202. 3203.			
	Summary of remaining write-ins for Line 32 from overflow page	0	0
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		0

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY STATEMENT OF INCOME

		to Date	Prior Year to Date	Prior Year Ended December 31
1	UNDERWRITING INCOME	to Bate	to Bate	December of
1. [Premiums earned:			
	1.1 Direct(written \$0)		,	
	1.2 Assumed (written \$54,845,475)			69,083,640 53,496
	1.4 Net (written \$54,835,475)			
	DEDUCTIONS:			
	Losses incurred (current accident year \$28,303,753):			
	2.1 Direct			
:	2.3 Ceded			
	2.4 Net			
	Loss adjustment expenses incurred			2,861,712
	Aggregate write-ins for underwriting deductions			0
6.	Total underwriting deductions (Lines 2 through 5)	45,303,790	59,566,311	96,780,496
7. !	Net income of protected cells			
8. 1	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	9,531,685	(8,647,861)	(27,706,119)
	INVESTMENT INCOME	4 70 4 000	4 400 004	0.404.007
	Net investment income earned			
11.	Net investment gain (loss) (Lines 9 + 10)	4,633,011	4,557,055	6,050,521
	OTHER INCOME			
12. 1	Net gain or (loss) from agents' or premium balances charged off			
((amount recovered \$0 amount charged off \$0)			
	Finance and service charges not included in premiums			
	Aggregate write-ins for miscellaneous income			
16. 1	Net income before dividends to policyholders, after capital gains tax and before all other federal and			
f	oreign income taxes (Lines 8 + 11 + 15)	14,164,696	(4,090,806)	(21,655,598)
	Dividends to policyholders			
18. 1	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	14 164 606	(4,000,906)	(21 655 509)
	Federal and foreign income taxes incurred			
20.	Net income (Line 18 minus Line 19) (to Line 22)	11,192,211	(3,186,806)	(17,109,228)
	CAPITAL AND SURPLUS ACCOUNT			
21. \$	Surplus as regards policyholders, December 31 prior year	187,375,599	204,433,847	204,433,847
22. 1	Net income (from Line 20)	11,192,211	(3,186,806)	(17,109,228)
	Net transfers (to) from Protected Cell accounts			
	Change in net unrealized capital gains of (losses) less capital gains tax of \$5,000			1,138
	Change in net deferred income tax			(40,000)
	Change in nonadmitted assets		•	34,000
	Change in provision for reinsurance			55,842
	Change in surplus notes			
	Cumulative effect of changes in accounting principles			
	Capital changes:			
	32.1 Paid in			
	32.3 Transferred to surplus			
	Surplus adjustments:			
	33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
	Net remittances from or (to) Home Office			
	Dividends to stockholders			
	Change in treasury stock.			
	Aggregate write-ins for gains and losses in surplus			(17.058.248)
	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)			187,375,599
-	DETAILS OF WRITE-INS			
	Summary of remaining write-ins for Line 5 from overflow page			0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			0
-				
	Summary of remaining write-ins for Line 14 from overflow page		0	0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	0
3701				
つづつつ				
	Summary of remaining write-ins for Line 37 from overflow page		n i	0

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY CASH FLOW

	CASH FLOW	1	2	3
		Current Year to Date	Prior Year To Date	Prior Year Ended December 31
	CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance	53,985,668	50,081,613	67,900,59
2.	Net investment income	4,896,826	4,489,141	6,360,38
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)	58,882,494	54,570,754	74,260,97
5.	Benefit and loss related payments	48,717,850	47,848,318	68,839,98
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)	65,807,183	66,090,527	86,341,0
11.	Net cash from operations (Line 4 minus Line 10)	(6,924,689)	(11,519,773)	(12,080,1
	CASH FROM INVESTMENTS			
2.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	34,517,406	7,611,237	26,011,1
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	8,689	8,161	4,0
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	34,526,095	7,619,398	26,015,1
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	36,925,846		14,779,4
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications		28,060	
	13.7 Total investments acquired (Lines 13.1 to 13.6)	36,925,846 .	28,060	14,779,4
14.	Net increase or (decrease) in contract loans and premium notes			
5.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(2,399,751)	7,591,338	11,235,7
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	5,984,667	(16,862,323)	(23,272,0
7.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	5,984,667	(16,862,323)	(23,272,0
RE	CONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
8.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(3,339,773)	(20,790,758)	(24,116.4
9.	Cash, cash equivalents and short-term investments:	(-,,)	(-,,)	(,
	19.1 Beginning of year	53.920.949	78.037.376	78.037 3
	19.2 End of period (Line 18 plus Line 19.1)			
	Supplemental disclosures of cash flow information for non-cash transactions:			

Note 1 – Summary of Significant Accounting Policies and Going Concern

Accounting Practices (required NAIC disclosure regardless of whether there is any significant change)

The accompanying financial statements of Appalachian Insurance Company ("Company") have been prepared on the basis of accounting practices prescribed or permitted by the Rhode Island Division of Insurance.

The state of Rhode Island requires insurance companies domiciled in the state of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Rhode Island Division of Insurance. The Company has no state prescribed or permitted practices.

		SSAP	F/S	F/S		
		#	Page	Line #	Current Year to Date	2018
NET	INCOME					
(1)	The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 11,192,211	\$ (17,109,228)
(2)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP	7000	7000	7001	\$ -	\$ -
(3)	State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(4) SUE	NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 11,192,211	\$ (17,109,228)
(5)	The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 198,581,944	\$ 187,375,599
(6)	State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(7)	State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(8)	NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 198,581,944	\$ 187,375,599

B. Use of Estimates

No significant changes.

- Accounting Policy C.
 - No significant changes. (1)
 - (2)Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method (required NAIC disclosure regardless of whether there is any significant change)

Non loan-backed bonds with NAIC designations 1 or 2 are stated at amortized cost using the interest method. Non loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value. See paragraph 6 for loan-backed and structured securities.

(3) - (5)

No significant changes.

- Basis for Loan-Backed Securities and Adjustment Methodology (required NAIC disclosure regardless of whether there is any significant change)
 - U.S. government agency loan-backed and structured securities are valued at amortized value. Other loan-backed and structured securities are valued at either amortized value or fair value, depending on many factors including: type of underlying collateral, whether modeled by NAIC vendor, whether rated (by either NAIC approved rating organization or NAIC Securities Valuation Office), and relationship of amortized value to par value and amortized value to fair value.

(7) - (13)

No significant changes.

D. Going Concern (required NAIC disclosure regardless of whether there is any significant change)

Based upon its evaluation of relevant conditions and events, management has concluded that the Company will continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

Not applicable.

Note 3 - Business Combinations and Goodwill

Not applicable.

Note 4 - Discontinued Operations

Not applicable.

Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

No significant changes.

B. Debt Restructuring

No significant changes.

C. Reverse Mortgages

No significant changes.

- D. Loan-Backed Securities (required NAIC disclosure regardless of whether there is any significant change)
 - (1) Description of Sources Used to Determine Prepayment Assumptions

Loan-backed bonds and structured securities are valued at amortized cost using the constant interest rate method, and using an effective yield based on current prepayment assumptions obtained from Bloomberg, rather than anticipated prepayments at the date of purchase. Prepayment assumptions are reviewed periodically and updated in response to changes in market interest rates.

(2) Securities with Recognized Other-Than-Temporary Impairment

Not applicable.

(3) Recognized OTTI securities

Not applicable.

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ -
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ -
		2. 12 Months or Longer	\$ -

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by a detailed analysis of the underlying credit and cash flows of each security. Unrealized losses are primarily attributable to credit spread widening and increased liquidity discounts. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information and the passage of time causes it to conclude that declines in value are other-than temporary.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) Policies Requiring Collateral

No significant changes.

(2) Collateral Pledged

No significant changes.

- (3) Collateral Received
 - a. Aggregate Amount of Cash Collateral Received

No significant changes.

The fair value of that collateral and of the portion of that collateral that it has sold or repledged (required NAIC disclosure regardless of whether there is any significant change)

1,522,200

c. Information About Sources and Uses of Collateral

No significant changes.

(4) Aggregate Value of the Reinvested Collateral

No significant changes.

- (5) Collateral Reinvestment
 - a. Aggregate Amount of Cash Collateral Reinvested

No significant changes.

Note 5 - Investments (continued from preceding page)

b. Explanation of Additional Sources of Liquidity for Maturity Date Mismatches

No significant changes.

(6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge

No significant changes.

(7) Collateral for Securities Lending Transactions that Extend Beyond One Year From the Reporting Date

No significant changes.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

 Reverse Repurchase Agreements Transactions Accounted for as a Sale (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not applicable.

L. Restricted Assets

No significant changes.

M. Working Capital Finance Investments (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

N. Offsetting and Netting of Assets and Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

O. Structured Notes

Not applicable.

P. 5GI* Securities

Not applicable.

Q. Short Sales

Not applicable.

R. Prepayment Penalty and Acceleration Fees

No significant changes.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 9 - Income Taxes

No significant changes.

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes.

Note 11 - Debt

A. Debt Including Capital Notes

Not applicable.

B. FHLB (Federal Home Loan Bank) Agreements (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) - (3)

No significant changes.

(4) Components of Net Periodic Benefit Cost (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(5) - (21)

No significant changes.

B. Description of Investment Policies

Not applicable.

C. Fair Value of Plan Assets

Not applicable.

D. Rate of Return Assumptions

Not applicable.

E. Defined Contribution Plans

No significant changes.

F. Multiemployer Plans

Not applicable.

G. Consolidated/Holding Company Plans

No significant changes.

H. Postemployment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable.

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes.

Note 14 - Liabilities, Contingencies and Assessments

No significant changes.

Note 15 - Leases

No significant changes.

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

- B. Transfer and Servicing of Financial Assets
 - (1) Loaned Securities

No significant changes.

(2) Servicing Assets and Servicing Liabilities (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(3) Servicing Assets and Liabilities Subsequently Measured at Fair Value

Not applicable.

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

(5) Transfers of Financial Assets Accounted for as Secured Borrowing

Not applicable.

(6) Transfers of Receivables with Recourse

Not applicable.

(7) Repurchase Agreements

Not applicable.

C. Wash Sales (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20 - Fair Value Measurements (required NAIC disclosure regardless of whether there is any significant change)

- A. Fair Value Measurements
 - (1) Fair Value Measurements at Reporting Date

The Company categorizes its invested assets that are measured at fair value into the three-level fair value hierarchy or designates certain invested assets as carried at net asset value (NAV). Item 4 provides a discussion of each of these categories.

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	N	et Asset Value (NAV)	Total
Assets at Fair Value						
Cash Equivalents	\$ -	\$ -	\$ -	\$	37,037,648	\$ 37,037,648
Total	\$ -	\$ -	\$ -	\$	37,037,648	\$ 37,037,648
Liabilities at Fair Value						
	\$ -	\$ -	\$ -	\$	-	\$ -
Total	\$ -	\$ -	\$ -	\$	-	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company has no assets measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. The Company has no assets measured at fair value in the Level 3 category.

Note 20 - Fair Value Measurements (required NAIC disclosure regardless of whether there is any significant change) (continued from preceding page)

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The valuation techniques required by the Fair Value Measurements guidance (SSAP 100) are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions.

These two types of inputs create the following fair value hierarchy:

- Level 1 Quoted prices for identical instruments in active markets
- Level 2 Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations whose inputs are observable or whose significant value drivers are observable
 - Level 3 Significant inputs to the valuation model are unobservable

The Company elects to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

The Company retains independent pricing vendors to assist in valuing invested assets when the prices are not available from the SVO.

When available, the Company uses quoted market prices to determine the fair value of investment securities, and they are included in Level 1.

When quoted market prices are unavailable, the Company uses quotes from independent pricing vendors based on recent trading activity and other relevant information, including market interest rate curves, referenced credit spreads and estimated prepayment rates, where applicable. These investments are included in Level 2 and are primarily comprised of fixed income securities which are NAIC rated 3 or below.

In infrequent circumstances, the pricing is not available from the pricing vendor and is based on significant unobservable inputs. In those circumstances, the investment security is classified in Level 3. There are no Level 3 investments at reporting date.

(5) Fair Value Disclosures

Not applicable.

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable.

C. Fair Value Level

The table below reflects the fair value and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described in Note 20A.

	Aggregate Fair					Ne	et Asset Value	No	ot Practicable
Type of Financial Instrument	Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)		(NAV)	(Ca	arrying Value)
Bonds	\$ 215,030,004	\$ 208,814,650	\$ -	\$ 208,814,650	\$ -	\$	-	\$	-
Cash, cash equivalents and									
short-term investments	\$ 50,581,176	\$ 50,581,176	\$ 13,543,528	\$ -	\$ -	\$	37,037,648	\$	-
Securities lending reinvested									
collateral assets	\$ 1,522,200	\$ 1,522,200	\$ 1,522,200	\$ -	\$ -	\$	-	\$	-
Total	\$ 267,133,380	\$ 260,918,026	\$ 15,065,728	\$ 208,814,650	\$ -	\$	37,038,648	\$	ı

D. Not Practicable to Estimate Fair Value

Not applicable.

E. NAV Practical Expedient Investments

The Company elects to use NAV for all money market mutual funds in lieu of fair value as NAV is more readily available. These funds are backed by high quality, very liquid short-term instruments and the probability is remote that the funds would be sold for a value other than NAV.

Note 21 - Other Items

Not applicable.

Note 22 - Events Subsequent

No significant changes.

Note 23 - Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A-E. Not applicable.

F. Risk Sharing Provisions of the Affordable Care Act (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses (required NAIC disclosure regardless of whether there is any significant change)

No significant changes.

Note 26 - Intercompany Pooling Arrangements

No significant changes.

Note 27 - Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 - Participating Policies

Not applicable.

Note 30 - Premium Deficiency Reserves

No significant changes.

Note 31 - High Deductibles

Not applicable.

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable.

Note 33 - Asbestos/Environmental Reserves

No significant changes.

Note 34 - Subscriber Savings Accounts

Not applicable.

Note 35 - Multiple Peril Crop Insurance

Not applicable.

Note 36 - Financial Guaranty Insurance

A. Financial Guarantee Insurance Contracts

Not applicable.

B. Schedule of Insured Financial Obligations at the End of the Period (required NAIC disclosure regardless of whether there is any significant change)

Not applicable.

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of	Material Transactions with the State of Domicile,			·	N TV
1.2	as required by the Model Act?				Yes[]	No[X]
1.2 2.1	If yes, has the report been filed with the domiciliary state? Has any change been made during the year of this statement in the charter, by-laws, articles of	incorporation, or dood of cottlement of the			Yes [] No[]
	reporting entity?	incorporation, or deed of Settlement of the			Yes[]	No [X]
3.1	If yes, date of change: Is the reporting entity a member of an Insurance Holding Company System consisting of two or	more affiliated persons, one or more of which is an insur-	er?		Yes [X] No[]
	If yes, complete Schedule Y, Parts 1 and 1A.	•				
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	?			Yes[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.					
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?				Yes[]	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the	e entity/group.				
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by If yes, complete and file the merger history data file with the NAIC for the annual filing correspor	this statement?			Yes []	No [X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state a result of the merger or consolidation.	abbreviation) for any entity that has ceased to exist as a				
	1			2		3
				NAI0 Compa		State of
	Name of Entity			Code	,	Domicile
_	If the constitute of the institute of the constitute of the consti	(a)				
5.	If the reporting entity is subject to a management agreement, including third-party administrators similar agreement, have there been any significant changes regarding the terms of the agreement.					
	If yes, attach an explanation.		Ye	es[]	No []	N/A [X]
6 1	State as of what date the latest financial examination of the reporting entity was made or is being	a mada		10/	31/2017	
6.1 6.2		•		12/	31/2017	
0.2	should be the date of the examined balance sheet and not the date the report was completed or			12/3	31/2017	
6.3	State as of what date the latest financial examination report became available to other states or reporting entity. This is the release date or completion date of the examination report and not the			12/0	08/2018	
6.4	By what department or departments?					
	Rhode Island Division of Insurance					
6.5	Have all financial statement adjustments within the latest financial examination report been according with Departments?	ounted for in a subsequent financial statement filed	Yes	s[]	No[]	N/A [X]
6.6	Have all of the recommendations within the latest financial examination report been complied w	ith?	Yes	s[]	No[]	N/A [X]
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corby any governmental entity during the reporting period?	rporate registration, if applicable) suspended or revoked			Yes[]	No [X]
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Boa	ard?			Yes[]	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?				Yes[]	No [X]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's	of the Currency (OCC), the Federal Deposit Insurance				
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
	Allinate Name	Location (only, otato)		000	1 1010	OLO
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting functions) of the reporting entity subject to a code of ethics, which includes the following standard				Yes [X]] No[]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of	of interest between personal and professional relationship	ps;			
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to	to be filed by the reporting entity;				
	(c) Compliance with applicable governmental laws, rules and regulations;					
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in	in the code; and				
	(e) Accountability for adherence to the code.					
9.11	If the response to 9.1 is No, please explain:					
0.0	Hardward of all to force the second				V	A1
9.2	Has the code of ethics for senior managers been amended?				Yes[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

Yes[] No[X]

			FINANCIAL				
10.1	Does the	reporting entity report any amounts due from parent, subsidi	aries or affiliates on Page 2 of this	statement?			Yes[] No[X
10.2	If yes, inc	dicate any amounts receivable from parent included in the Pa	age 2 amount:			\$	0
			INVESTMENT				
	use by ai	y of the stocks, bonds, or other assets of the reporting entity landther person? (Exclude securities under securities lending a ve full and complete information relating thereto:		ment, or otherwise	e made available for		Yes[] No[X
11.2	ii yos, gii	to fail and complete information relating thereto.					
12.	Amount	of real estate and mortgages held in other invested assets in	Schedule BA:			\$	0
13.	Amount	of real estate and mortgages held in short-term investments:				\$	0
14.1	Does the	reporting entity have any investments in parent, subsidiaries	and affiliates?				Yes [X] No [
	14.2 If y	ves, please complete the following:					
					1 ear End Book/Adjusted Carrying Value	(2 Quarter Book/Adjusted Carrying Value
	14.21 14.22	Bonds Preferred Stock		\$	2,500,000	· '	2,500,000
	14.23	Common Stock			0	1	0
	14.24 14.25	Short-Term Investments Mortgage Loans on Real Estate			0		0
	14.26	All Other			0		0
	14.27 14.28	Total Investment in Parent, Subsidiaries and Affiliates (Sub Total Investment in Parent included in Lines 14.21 to 14.26	,	\$ \$	2,500,000		2,500,000
15 1		reporting entity entered into any hedging transactions reporte		Ď	<u>U</u>	Φ	Yes[] No[X
		as a comprehensive description of the hedging program been		state?			Yes[] No[
	•	ach a description with this statement.	made aramasis to the definionally				.00[] .10[
	,						
16.	For the re	eporting entity's security lending program, state the amount o	of the following as of current statem	nent date:			
		value of reinvested collateral assets reported on Schedule D	ŭ			\$	1,522,200
		ok adjusted/carrying value of reinvested collateral assets repo		ე.		\$	1,522,200
			orted on Scriedule DL, Faits Tailu	۷.		\$ \$	1,522,200
		yable for securities lending reported on the liability page:	and a construction of the contract of the	tat a ta a sta a tito sta disa		Ψ	1,322,200
17.	offices, v custodial	g items in Schedule E-Part 3-Special Deposits, real estate, m raults or safety deposit boxes, were all stocks, bonds and othe I agreement with a qualified bank or trust company in accorda Il Functions, Custodial or Safekeeping Agreements of the NAI	er securities, owned throughout the ance with Section 1, III - General E	e current year held xamination Consid	I pursuant to a	9	Yes[X] No[
	17.1 Fo	r all agreements that comply with the requirements of the NA	IC Financial Condition Examiners	Handbook, comple	ete the following:		
		1 Name of Custodian(a)			2 Custodian		
	J	Name of Custodian(s) IP Morgan Worldwide Securities Services		383 Madison Av	Custodian renue, New York, NY 10		
		r all agreements that do not comply with the requirements of	the NAIC Financial Condition Exa	miners Handbook,	provide the name,		
	loc	cation and a complete explanation:	2	1			
		Name(s)	Locati			Complete Exp	lanation(s)
	17.3 Ha	eve there been any changes, including name changes, in the	custodian(s) identified in 17.1 duri	ng the current gua	rter?		Yes[] No[X
		ves, give full and complete information relating thereto:		444			.00[1 .10[
		1	2		3		4
		Old Custodian	New Custodian		Date of Change	F	Reason
	of	restment management – Identify all investment advisors, inve the reporting entity. For assets that are managed internally b curities"].					counts", "handle
		Name of	1 Firm or Individual			A [,]	2 ffiliation
		Sanjay Chawla, SVP, Chief Investment Officer					I
	_	Daniel Richards, VP, Portfolio Mgr Fixed Income Scott Anthony, VP, Sector Portfolio Mgr Fixed Income					
	<u> </u>	.5097 For those firms/individuals listed in the table for Que manage more than 10% of the reporting entity's ass		ls unaffiliated with	the reporting entity (i.e.,	designated with	n a "U") Yes [] No [
	17	.5098 For firms/individuals unaffiliated with the reporting e management aggregate to more than 50% of the re	entity (i.e., designated with a "U") li	sted in the table fo	or Question 17.5, does the	ne total assets u	
			- ,				

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Ī	1	2	3	4	5
					Investment
	Central Registration Depository				Management
	Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Agreement (IMA) Filed
ſ					

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [X] No[]

18.2 If no, list exceptions:

- 19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
 - Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - Issuer or obligor is current on all contracted interest and principal payments.
 - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

- 20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

 - The security was purchased prior to January 1, 2018.

 The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is C. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **GENERAL INTERROGATORIES (continued)**

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	If yes, attach an explanation.		
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes[]	No [X]
	If yes, attach an explanation.		
3.1	Have any of the reporting entity's primary reinsurance contracts been canceled?	Yes[]	No[X]

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes[] No[X]

Yes[] No[X] N/A[]

4.2 If yes, complete the following schedule:

3.2 If yes, give full and complete information thereto:

1	2	3		Total D	iscount		Discount Taken During Period					
			4	5	6	7	8	9	10	11		
Line of Business	Maximu m Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	Total		
	0.000	0.000	0	0	0	0	0	0	0	0		
Total	XXX	XXX	0	0	0	0	0	0	0	0		

Operating Percentages: 0.000% 5.1 A&H loss percent 5.2 A&H cost containment percent 0.000% 5.3 A&H expense percent excluding cost containment expenses 0.000% Do you act as a custodian for health savings accounts? Yes[] If yes, please provide the amount of custodial funds held as of the reporting date. 62 Do you act as an administrator for health savings accounts? Yes[] No[X] 6.3 If yes, please provide the amount of funds administered as of the reporting date. Yes[X] Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? No[] If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

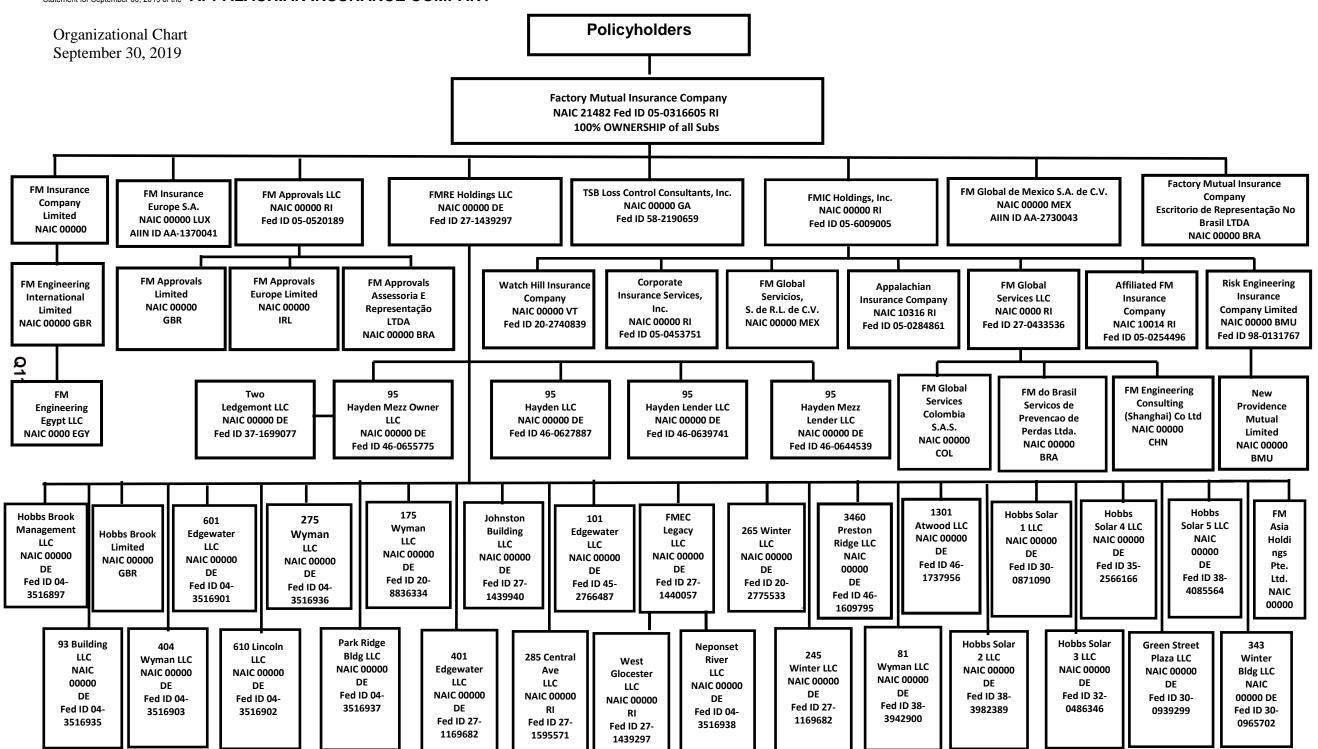
	Showling All New Melhaulers - Current Tear to Date										
1	2	3	4	5	6	7					
NAIC					Certified	Effective Date of Certified					
Company	15.11	N (D)	Domiciliary		Reinsurer Rating						
Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Rating					
U.S. Insurers											
10538	03-0308160	AMERICAN TRIUMVIRATE INSURANCE COMPANY (ATIC)	VT	Unauthorized							
	61-1140366	DRISK INSURANCE INC	UT	Unauthorized							
All Other Insu	urers										
	AA-3191390	CASTLE HARBOUR INUSRANCE LIMITED	BMU	Unauthorized							
	AA-1370049	GIF RE, S.A	LUX	Unauthorized							
	AA-3770336	HEXAGON INSURANCE COMPANY, LTD	CYM	Unauthorized							
	98-1291066	ROOSEVELT INSURANCE COMPANY, LTD	CYM	Unauthorized							

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1		iums Written	Direct Losses Paid ((Deducting Salvage)	Direct Losse	s Unpaid
	States, Etc.	Active Status (a)	2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
	AlabamaAL							
	AlaskaAK							
	ArizonaAZ							
4.	ArkansasAR							
5.	CaliforniaCA				127,150	115,692	40,248,871	18,979,916
6.	ColoradoCO							
	ConnecticutCT							
	DelawareDE							
	District of ColumbiaDC							
	FloridaFL							503,079
11.	GeorgiaGA						, ,	33,794,323
	HawaiiHI							
	ldahoID							
14.	IllinoisIL							1,536
15.	IndianaIN							
16.								
	KansasKS KentuckyKY							
	LouisianaLA							
19. 20	LouisianaLA MaineME						151	413
20.	MarylandMD							
	MarylandMD MassachusettsMA						4	40
	MichiganMI							10
	MinnesotaMN						-	7
	MississippiMS							10
	MissouriMO							20,276,542
	MontanaMT						, ,	20,270,342
	NebraskaNE							
	NevadaNV							
	New HampshireNH							
	New JerseyNJ							
	New MexicoNM							
	New YorkNY				11 605	16,902	8 777 173	23,390,669
	North CarolinaNC				11,095	10,302	,0,777,173	23,330,003
_	North DakotaND							
36.	OhioOH							
37.	OklahomaOK							
38.	OregonOR							
	PennsylvaniaPA						758	767
40.	Rhode IslandRI							3,190
41.	South CarolinaSC						2,300	
42.	South DakotaSD							
43.	TennesseeTN							
44.	TexasTX						12.517	12,629
45.		E					12,017	12,023
46.	VermontVT	E						
-	VirginiaVA							
	WashingtonWA				15,815	135,274	4,231,871	12,506,260
	West VirginiaWV				10,010	155,214		12,500,200
	WisconsinWI						1,000	1,000
	WyomingWY							
	American SamoaAS							
	GuamGU							
	Puerto RicoPR							
	US Virgin IslandsVI							
	Northern Mariana IslandsMP							
	CanadaCAN							
	Aggregate Other AlienOT			0	0	0	0	Λ
59.	Totals	XXX	0	0		267,868		109,470,368
JJ.	· Julio	/٧٧\		DETAILS OF V		201,000	100,210,010	
58001.		XXX		22.7.020 01				
		XXX						
58003.		XXX						
	Summary of remaining write-ins							
	for Line 58 from overflow page	XXX	0	0	0	0	0	0
	Totals (Lines 58001 thru 58003+							
	Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0
/ \	Active Status Count		domiciled PPC		B B 11 11	deniel IBBO		=
(a)	need or Chartered Licensed income		continued BBU	1	o maniatana di Man	n-domicifed PPCs		n
L - Lice	nsed or Chartered - Licensed insurance ible - Reporting entities eligible or appro				. •		_	
L - Lice E - Elig	nsed or Chartered - Licensed insurance ible - Reporting entities eligible or appro (other than their state of domicile - See nestic Surplus Lines Insurer (DSLI) - Re	oved to write DSLI)	e surplus lines in the state		Q - Qualified - Quali			



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
•	1	2	3	4	5 6	7 Name of Securities Exchange if Publicly	8	9	10	11	Type of Control (Ownership Board,	13 If Control is	14	15 16 Is an SCA
	oup	Group Name	NAIC Company Code	/ ID Number	Federal	Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity		Management, Attorney-in-Fact, Influence, Other)	Ownership Provide	Ultimate Controlling	Filing Required?
	embe		Code	Number	K99D CIK	international)	of Allillates	Location	Enuty	(Name of Entity/Person)	iniluence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N) *
		Factory Mutual Insurance Company & its Affiliates	21482	05-0316605			Factory Mutual Insurance Company	RI	UIP					N 1
		Factory Mutual Insurance Company & its Affiliates	10014	05-0254496			Affiliated FM Insurance Company	RI	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	
00	65 F	Factory Mutual Insurance Company & its Affiliates	10316	05-0284861			Appalachian Insurance Company	RI	RE	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N 1
00	00 F	Factory Mutual Insurance Company & its Affiliates	00000	AA-1120610.			FM Insurance Company Limited	GBR	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y
00	000 F	Factory Mutual Insurance Company & its Affiliates	00000	98-0131767			Risk Engineering Insurance Company Limited	BMU	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N
00	00 F	Factory Mutual Insurance Company & its Affiliates	00000	AA-1370041.			FM Insurance Europe S.A	LUX	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y
00	00 F	Factory Mutual Insurance Company & its Affiliates	00000	AA-2730043.			FM Global de Mexico S.A. de C.V	MEX	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y
00	00 F	Factory Mutual Insurance Company & its Affiliates	00000	20-2740839			Watch Hill Insurance Company	VT	IA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N
00	00 F	Factory Mutual Insurance Company & its Affiliates	00000	05-0453751			Corporate Insurance Services, Inc	RI	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N
00	000 F	Factory Mutual Insurance Company & its Affiliates	00000				New Providence Mutual Limited	BMU	IA	Risk Engineering Insurance Company Limited	Ownership	100.000	Factory Mutual Insurance Company	N
							Factory Mutual Insurance Company - Escritorio de							
		Factory Mutual Insurance Company & its Affiliates	00000				Representação No Brasil LTDA.	BRA	IA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	
o	00 F	Factory Mutual Insurance Company & its Affiliates	00000	05-0520189			FM Approvals LLC	RI	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	
$\Xi ^{00}$	000 F	Factory Mutual Insurance Company & its Affiliates	00000				FM Engineering International Limited	GBR	NIA	FM Insurance Company Limited	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000					CHN	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000				FM Approvals Limited	GBR	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	
-		Factory Mutual Insurance Company & its Affiliates	00000				FM Approvals Assessoria E Representação LTDA	BRA	NIA	FM Approvals LLC	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	27-1439297			FMRE Holdings LLC	DE	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	58-2190659				GA	NIA	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y
1		Factory Mutual Insurance Company & its Affiliates	00000	05-6009005			FMIC Holdings, Inc	RI MEX	UDP	Factory Mutual Insurance Company	Ownership	100.000	Factory Mutual Insurance Company	Y
		Factory Mutual Insurance Company & its Affiliates	00000	07.0400500			FM Global Servicios, S.de R.L. de C.V		NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	27-0433536			FM Global Services LLCFM do Brasil Servicos de Prevençao de Perdas LTDA	RI BRA	NIA	FMIC Holdings, Inc	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates Factory Mutual Insurance Company & its Affiliates	00000	04-3516902			610 Lincoln LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516902			404 Wyman LLC.	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516936			275 Wyman LLC.	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	.
		Factory Mutual Insurance Company & its Affiliates	00000	20-8836334			175 Wyman LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516937				DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516935			93 Building LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	20-2775533			265 Winter LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	27-1169682			245 Winter LLC	DE	NIA	265 Winter LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	27-1440057			FMEC Legacy LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516938			Neponset River LLC	DE	NIA	FMEC Legacy LLC	Ownership	100.000	Factory Mutual Insurance Company	N
		Factory Mutual Insurance Company & its Affiliates	00000	27-1439297			West Glocester LLC.	RI	NIA	FMEC Legacy LLC	Ownership	100.000	Factory Mutual Insurance Company	
		Factory Mutual Insurance Company & its Affiliates	00000	04-3516901			601 Edgewater LLC	DE	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	
00		Factory Mutual Insurance Company & its Affiliates	00000	27-1595571			285 Central Avenue, LLC	RI	NIA	FMRE Holdings LLC	Ownership	100.000	Factory Mutual Insurance Company	N

Q 12

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	FAINT IA - DETAIL OF INSURANCE HOLDING COMPANY STSTEM													
1	2	3	4	5	6 7 Name of Securities Exchange	8	9	10	11	Type of Control (Ownership	13	14	15 Is an	16
					if Publicly					Board,	If Control is		SCA	
		NAIC			Traded	Names of		Relationship		Management,	Ownership		Filing	
Group	Group	Company	ID	Federal	(U.S. or			to Reporting		Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Name	Code	Number	RSSD	CIK International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
0000	Factory Mutual Insurance Company & its Affiliates	00000	04-3516897			Hobbs Brook Management LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000				Hobbs Brook Limited	GBR	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	45-2766487			•	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	27-1169682			401 Edgewater LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	27-1439940			Johnston Building LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000				FM Global Services Colombia S.A.S	COL	NIA	FM Global Services LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	37-1699077			Two Ledgemont LLC	DE	NIA	95 Hayden Mezz Owner LLC	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0627887			95 Hayden LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0639741			95 Hayden Lender LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0655775			95 Hayden Mezz Owner LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-0644539			95 Hayden Mezz Lender LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	46-1609795			3460 Preston Ridge, LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	46-1737956				DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
\mathbf{Q} 0000	Factory Mutual Insurance Company & its Affiliates	00000	38-3942900			81 Wyman LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
	Factory Mutual Insurance Company & its Affiliates	00000	30-0871090			Hobbs Solar 1 LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
 0000	Factory Mutual Insurance Company & its Affiliates	00000	38-3982389			Hobbs Solar 2 LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	32-0486346			Hobbs Solar 3 LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000				FM Asia Holdings Pte. Ltd	SGP	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	30-0939299			Green Street Plaza LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	35-2566166			Hobbs Solar 4 LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000				FM Engineering Egypt LLC	EGY	NIA	FM Engineering International Limted	Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	30-0965702			343 WInter Bldg LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000				ти тре и тере и		NIA	FM Approvals LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	
0000	Factory Mutual Insurance Company & its Affiliates	00000	38-4085564			Hobbs Solar 5 LLC	DE	NIA	FMRE Holdings LLC	. Ownership	100.000	Factory Mutual Insurance Company	N	

eri Explanation
Pool Participants: Factory Mutual Insurance Company (86%), Affiliated FM Insurance Company (12%), and Appalachian Insurance Company (2%).

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **PART 1 - LOSS EXPERIENCE**

	IAN	I I - LOGG EXI E	Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.000	
2.	Allied lines			0.000	
3.	Farmowners multiple peril			0.000	
4.	Homeowners multiple peril			0.000	
	Commercial multiple peril			0.000	
	Mortgage guaranty			0.000	
	Ocean marine			0.000	
	Inland marine			0.000	
	Financial guaranty			0.000	
	Medical professional liability - occurrence			0.000	
	Medical professional liability - claims-made			0.000	
	Earthquake			0.000	
	Group accident and health			0.000	
	Credit accident and health			0.000	
	Other accident and health			0.000	
	Workers' compensation.			0.000	
	Other liability-occurrence.			0.000	
17.1	Other liability claims made			0.000	
17.2	Other liability-claims made. Excess workers' compensation. Products liability-occurrence.			0.000	
17.3	Products lightlity aggregate			0.000	
10.1	Products liability-claims made			0.000	
				0.000	
	19.2 Private passenger auto liability			0.000	
	19.4 Commercial auto liability			0.000	
	Auto physical damage				
	Aircraft (all perils)			0.000	
	Fidelity			0.000	
	Surety			0.000	
	Burglary and theft			0.000	
	Boiler and machinery			0.000	
	Credit			0.000	
	International			0.000	
30.	Warranty				
	Reinsurance-nonproportional assumed property		XXX	XXX	XXX
	Reinsurance-nonproportional assumed liability		XXX	XXX	XXX
33.	Reinsurance-nonproportional assumed financial lines		XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business		0	0.000	
35.	Totals	0	0	0.000	
		DETAILS OF WRITE-INS			
3401.				0.000	
· · · · ·				0.000	
3403.				0.000	
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0		XXX
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		0	0.000	

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
Allied lines			
Farmowners multiple peril			
Homeowners multiple peril			
Commercial multiple peril			
Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
17.2 Other liability-claims made. 17.3 Excess workers' compensation. 18.1 Products liability-occurrence. 18.2 Products liability-claims made.			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability			
19.3 19.4 Commercial auto liability			
21. Auto physical damage			***************************************
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit.			
29. International.			
30. Warranty			
31. Reinsurance-nonproportional assumed property		XXX	XXX
Reinsurance-nonproportional assumed liability		XXX	XXX
Reinsurance-nonproportional assumed financial lines		XXX	XXX
34. Aggregate write-ins for other lines of business		0	U
35. Totals		0	0
401	DETAILS OF WRITE-INS		
•			
402			
403			
498. Sum. of remaining write-ins for Line 34 from overflow page		0	(
499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0	

PART 3 (000 omitted)

					LC	OSS AND LOSS A	ADJUSTMENT E	XPENSE RESER	EVES SCHEDULE					
		1	2	3	4	5	6	7	8	9	10	11	12	13
					22.42	22.42		Q.S. Date Known	Q.S. Date Known			Prior Year-End Known		Prior Year-End
		D. V. F. J	D V F I	Total Prior	2019	2019	T-1-1-0040	Case Loss and	Case Loss and LAE	0.0 0.1	T:1:100	Case Loss and LAE		Total Loss
Voar	s in Which	Prior Year-End Known Case	Prior Year-End IBNR	Year-End Loss and	Loss and LAE Payments on Claims	Loss and LAE Payments on Claims	Total 2019 Loss and	LAE Reserves on Claims Reported and	Reserves on Claims Reported or Reopened	Q.S. Date IBNR	Total Q.S. Loss and LAE	Reserves Developed (Savings)/Deficiency	Reserves Developed (Savings)/Deficiency	and LAE Reserve Developed
	OSSES	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
	ccurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
											,	,	,	,
1. 201	6 + Prior	7,526	60,894	68,420	148		148	11,168	10	57,094	68,272	3,790	(3,790)	0
2. 201	7			0			0				0	0	0	0
							-							-
3. Sub	ototals													
201	7 + Prior	7,526	60,894	68,420	148	0	148	11,168	10	57,094	68,272	3,790	(3,790)	0
4. 201	8			0			0				0	0	0	0
5. Sub		7.500	22.224	00.400	440	•	440	44.400	40	57.004	00.070	0.700	(0.700)	
201	8 + Prior	7,526	60,894	68,420	148	0	148	11,168	10	57,094	68,272	3,790	(3,790)	0
6. 201	0	XXX	XXX	XXX	XXX	30,011	30,011	XXX			0	XXX	XXX	XXX
0. 201	9					30,011	30,011							
7. Tot	als	7,526	60,894	68,420	148	30,011	30,159	11,168	10	57,094	68,272	3,790	(3,790)	0
-	or Year-											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
	l's Surplus											As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
	Regards cyholders	187,376										Line 7	Line 7	Line 7
FUI	cyriolaers	107,370	J											

Col. 13, Line 7 Line 8 4.0.0 %

...(6.2)% 3. ..

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

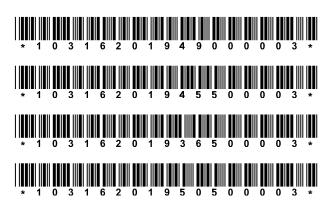
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- The data for this supplement is not required to be filed. 1.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.

Bar Code:



Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY
Overflow Page for Write-Ins

Additional Write-ins for Liabilities:

	1	2
	Current	December 31,
	Statement Date	Prior Year
2904.		
2905.		
2997. Summary of remaining write-ins for Line 29	0	0

ies:

Additional Write-ins for Elabilities.		
	1	2
	Current	December 31,
	Statement Date	Prior Year
3204		
3205.		
3297. Summary of remaining write-ins for Line 32	0	0

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Current year change in encumbrances		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	Wortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease)		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.			
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	2.2 Additional investment made after acquisition. Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	209,197,728	220,761,238
2.	Cost of bonds and stocks acquired	36,925,846	14,779,418
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	4,914	(4,914)
5.	Total gain (loss) on disposals.	(193.091)	(86.877)
6.	Deduct consideration for bonds and stocks disposed of	34,517,406	26,038,364
7.	Deduct amortization of premium	175,539	315,748
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		27,240
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	211,314,650	209,197,728
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	211,314,650	209,197,728

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation											
		1	2	3	4	5	6	7	8			
		Book/Adjusted Carrying	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying	Book/Adjusted Carrying	Book/Adjusted Carrying	Book/Adjusted Carrying			
		Value Beginning	During	During	During	Value End of	Value End of	Value End of	Value December 31			
	NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year			
	BONDS											
	BONDO											
1.	NAIC 1 (a)	184,274,529	15,345,117	7,198,812	(2,917,950)	188,397,981	184,274,529	189,502,884	191,293,230			
2.	NAIC 2 (a)	17,915,774		1,474,059	2,870,051	16,270,324	17,915,774	19,311,766	14,409,448			
3.	NAIC 3 (a)							0	995,050			
4.	NAIC 4 (a)							0				
5.	NAIC 5 (a)							0				
6.	NAIC 6 (a)							0				
	Total Bonds				(47,899)		202,190,303	208.814.650	206,697,728			
₹	Total Bolido				(17,000)	1,000,000		200,011,000				
3	PREFERRED STOCK											
8.	NAIC 1	2,500,000				2,500,000	2,500,000	2,500,000	2,500,000			
9.	NAIC 2							0				
10.	NAIC 3							0				
11.	NAIC 4							0				
12.	NAIC 5							0				
13.	NAIC 6							0				
14.	Total Preferred Stock	2,500,000	0	0	0	2,500,000	2,500,000	2,500,000	2,500,000			
15.	Total Bonds and Preferred Stock					207,168,305	204,690,303	211,314,650	209,197,728			

⁽a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$........0; NAIC 2 \$.......0; NAIC 3 \$........0; NAIC 5 \$........0.

Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE E - PART 2 - VERIFICATION**

Cash Equivalents

Casii Equivalents		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year		
Cost of cash equivalents acquired		1,020,898
Accrual of discount		
Unrealized valuation increase (decrease)	8,219	7,052
5. Total gain (loss) on disposals	470	(2,999)
Deduct consideration received on disposals	5,000,000	37,742,519
7. Deduct amortization of premium		
Total foreign exchange change in book/ adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		41,327,204
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		41,327,204

Sch. A Pt. 2 NONE

Sch. A Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	general												
1	2	3	4	5	6	7	8	9	10				
									NAIC Designation and Administrative Symbol/Market Indicator				
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	(a)				
Bonds - U.S. Government	t .												
912828 3W 8 U	U S TREASURY N/B		07/17/2019	. BARCLAYS		528,359	500,000	5,811	1				
912828 6T 2 UI	UNITED STATES TREAS		06/28/2019	. WELLS FARGO		7,747,852	7,500,000	22,750	1				
912828 YB 0 UI	UNITED STATES TREAS		08/30/2019	BARCLAYS		7,068,909	7,000,000	5,873	1				
0599999. Total - Bon	onds - U.S. Government					15,345,120	15,000,000	34,434	XXX				
8399997. Total - Bon	onds - Part 3					15,345,120	15,000,000	34,434	XXX				
8399999. Total - Bon	onds					15,345,120	15,000,000	34,434	XXX				
9999999. Total - Bon	onds, Preferred and Common Stocks			-		15,345,120	XXX	34,434	XXX				

⁽a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.............0.

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

4		2 4		un 2011g 101111 2011	, ,	,	10					,	16	17	40	10	20	04	22
1	2	3 4	5	0	0	9	10	11	Change in B	13	Carrying Value	15	10	17	18	19	20	21	22
									12	13	14	10							
																			NAIO
		-								Current							Bond		NAIC Designation
										Year's							Interest /		and Admini-
		r						Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	strative
		ei					Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	Symbol/
		g Disposal		Number of			Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at			(Loss) on	Received	Maturity	Market
CUSIP Identifica	ation Description	n Date	Name of Purchaser	Shares of Stock Consid	eration Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Indicator (a)
Bonds - U.S. Go	overnment																		
36179M 2T	6 GNMA PASS-THRU M SINGLE F	09/01/2019.	MORTGAGE PAYDOWN	1	21,370121,3	70132,369	121,233		136		136		121,370			0	3,857	02/20/2043.	1
36200Q 2T	0 GOVT NATL MTGE ASSN	09/01/2019.	MORTGAGE PAYDOWN		2,5122,5	122,566	2,513		(2)		(2)		2,512			0	105	02/15/2032.	1
912828 RR	3 U S TREASURY	08/30/2019.	WELLS FARGO	7,0	73,5557,000,0	007,219,023	7,074,079		(17,037)		(17,037)		7,057,041		16,513	16,513	112,228	11/15/2021.	1
0599999.	Total - Bonds - U.S. Government	-	1	7.1	97,4377,123,8	827,353,958	7,197,825	0	(16,903)	0	(16,903)	0	7,180,923	0	16,513	16,513	116,190	XXX	XXX
	pecial Revenue and Special Assessment			,			,,,		(10,000)		(***,****)		,,,						
	2 FHLMC	09/01/2019	MORTGAGE PAYDOWN		2.7432.7	432,841	2.746		(3)		(3)		2.743			٥	110	01/01/2034.	1EE
	6 FHLMC PC		MORTGAGE PAYDOWN		1,206		,.		(3)		(3)		1.206					09/01/2035.	
									4		4		,			0			
31411A JG			MORTGAGE PAYDOWN		1,6011,6		1,601				0		1,601			0	64	11/01/2036.	
	3 FNMA PASS-THRU LNG 30 Y		MORTGAGE PAYDOWN	-	12,34112,3		12,439		(98)		(98)		12,341			0		09/01/2039.	
	Total - Bonds - U.S. Special Revenue and Speci	al Assessments.			17,89117,8	9119,051	17,989	0	(97)	0	(97)	0	17,891	0	0	0	727	XXX	XXX
Bonds - Industr	rial and Miscellaneous															11			
25156P AN	3 DEUTSCHE TELEKOM INTL FIN	07/08/2019.	MATURITY	1,0	00,0001,000,0	00993,710	999,577		423		423		1,000,000			0	60,000	07/08/2019.	2FE
501044 DJ	7 KROGER CO	07/17/2019.	MK TAXES SYS	5	14,885500,0	00472,745			1,314		1,314		474,059		40,826	40,826	17,883	08/01/2027.	2FE
887317 AR	6 TIME WARNER INC	06/05/2019.	EXCHANGE		2,000		(517))			0				2,000	2,000		12/15/2023.	2FE
3899999.	Total - Bonds - Industrial and Miscellaneous		•	1.5	16.8851.500.0	001.466.455	999,060	0	1.737	0	1.737	0	1.474.059	0	42,826	42.826	77.883	XXX	XXX
8399997.	Total - Bonds - Part 4			/-	32,2138,641,7	,,	8.214.874	0	(15,263)	0	(15,263)	0	8,672,873		59,339	59,339	194.800	XXX	XXX
8399999.	Total - Bonds			- 7	32,2138,641,7	, ,	8.214.874	0	(15,263)	0	(15,263)	0	8,672,873	1	59,339	59,339	194,800	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks			- 7	32,213 XXX	8,839,464	8.214.874	Λ	(15,263)	0	(15,263)	0	8,672,873		59,339	59,339	194,800	XXX	XXX
JJJJJJJ.	rotar - Donus, Freieneu and Common Stocks				المرك المال	0,003,404	0,∠14,0/4	U	1(10,203)	U	(10,200)	U		U			134,000	$\wedge \wedge \wedge$	$\wedge \wedge \wedge$

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE DL - PART 1**

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

	(Sec	curit	ies lending collateral assets reported in aggregate on one Line 10 of the Assets p	age and	not included	on Schedules A,	B, BA, D, DB and	l E.)
1			2	3	4	5	6	7
					NAIC Designation			
					and			
					Administrative Symbol / Market		Book/Adjusted	Maturity
CUSIP Identification		ion	Description	Code	Indicator	Fair Value	Carrying Value	Date
Cash Equiva	alents (Sche	dule E Part 2 Type)					
000000	00	0	BOFA SECURITIES, INC	C		353,020	353,020	09/24/2019
000000	00	0	HSBC SECURITIES,INC	C		300,000	300,000	09/24/2019
000000	00	0	NOMURA SECURITIES	C		300,000	300,000	09/24/2019
000000	00	0	PERSHING LLC.	C		200,000	200,000	09/24/2019
000000	00		SOCIETE GENERALE NY BRANCH	C		369,180	369,180	09/24/2019
9199999.	Total	I - Ca	sh Equivalents (Schedule E Part 2 Type)			1,522,200	1,522,200	XXX
9999999.	Total	ls				1,522,200	1,522,200	XXX

General Interrogatories:

- The activity for the year: Fair Value \$.....(2,135,970) Book/Adjusted Carrying Value \$.....(2,135,970)

 Average balance for the year: Fair Value \$.....2,634,681 Book/Adjusted Carrying Value \$.....2,634,681

 Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

 NAIC 1: \$......1,522,200 NAIC 2: \$.......0 NAIC 3: \$.......0 NAIC 4: \$........0 NAIC 5: \$........0

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE DL - PART 2**

SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date (Securities landing collegeral assets included on Schedules A. R. RA. D. DR and F. and not reported in aggregate on Line 10 of the Assets page)

(Secu	inties lending collateral assets included on Schedules A, B, BA, D, DB and E and	not repor	tea in aggreç	gate on Line 10 o	rtne Assets page).
1	2	3	4	5	6	7
					l	
			NAIC Designation			
			and		l	
			Administrative		1	
			Symbol / Market		Book/Adjusted	Maturity
CUSIP Identification	Description	Code	Indicator	Fair Value	Carrying Value	Date

General Interrogatories:

- The activity for the year: Fair Value \$........0 Book/Adjusted Carrying Value \$.......0

 Average balance for the year: Fair Value \$.......0 Book/Adjusted Carrying Value \$.......0

NONE

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY **SCHEDULE E - PART 1 - CASH**

INONI	n Ena De	epository	Balances					
1	2	3	4	5	Book	Balance at End of	Each	9
					Mont	h During Current Qu	uarter	
					6	7	8	
			A	Amount of interest				
		Dete of	Amount of Interest					
Dit	0-4-	Rate of		Current Statement		Casassi Massib	Third Manth	*
Depository	Code	Interest	Current Quarter	Date	First Month	Second Month	Third Month	
Open Depositories								
JP MORGAN CHASE NEW YORK, NY		1.360	40,888		6,264,968	7,126,008	13,543,809	XXX
0199998. Deposits in1 depositories that do not exceed the allowable limit								
in any one depository (see Instructions) - Open Depositories	XXX	XXX			(506)	(381)	(281)	XXX
0199999. Total Open Depositories	XXX	XXX	40,888	0	6,264,462	7,125,627	13,543,528	XXX
0399999. Total Cash on Deposit	XXX	XXX	40,888	0	6,264,462	7,125,627	13,543,528	XXX
0599999. Total Cash	XXX	XXX	40,888	0	6,264,462	7,125,627	13,543,528	XXX

Statement for September 30, 2019 of the APPALACHIAN INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
All Other Money Market Mutual Funds								
	BLACKROCK LIQUIDITY TEMPFUND INST'L		. 08/30/2019	2.000		37,037,648		681,246
8699999. Total - All C	Other Money Market Mutual Funds					37,037,648	0	681,246
8899999. Total - Cas	h Equivalents					37.037.648	0	681.246